## **CLAIMS ONLY**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

|                 | ASF  | AS FILED                                  |  | AFTER 1st AMENDMENT |          | AFTER<br>2nd AMENDMENT |  |
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|                 | IND.   | DEP.                                      | IND.   | DEP.                | IND.     | DEP.                   |  |
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| TOTAL<br>CLAIMS |  |  |  |  | ]  | <b>XX</b> 22                                     |
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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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